Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>02-23-2010</u>	Address:	4411 S 00 E/W lot 39A	
Case #:	16-19526		<u>Kokomo, IN 46902</u>	
County:	Howard			
Type of La	aboratory Seizure (check one)	Seizure Location (re Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): garage				
Red Phosphorous/Iodine Reaction(s): N/A				
☐ Flammable Solvents: garage				
Water Reactive Metal (Lithium): garage				
Anhydrous Ammonia: N/A				
Hydrochloric Acid Gas Generator(s): N/A				
Corrosive Acid: garage				
Corrosive Base: garage				
Other (item and location): susp. meth / m. bedroom				
\bigcirc Yes $\underline{3}$ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip P investigation	
This repor	t is to be faxed to the following ager	icies that serve the l	ocation:	
Fire Depart	ment: Kokomo Fd	Fax: (765)456-7580		
Health Department: Howard Co.		Fax: <u>(765)</u> Fax: <u>(765)</u>	<u>.</u>	
Child Prote	ection Service: Region 6			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.